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Facsimile Transmittal

DATE: February 14, 2006

TO: Amendment
Commissioner for Patents

ATTN: Examiner: Carol S.W. Tsai
Art Unit: 2857

FAX NUMBER: (858) 872-9306

FROM: James D. McFarland, Attorney for Applicant
Registration No. 32,544

Total Number of Pages Sent: 7 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 020026

ENCLOSED ARE:

- Amendment (3 pages)
- Transmittal (in duplicate)

APPLICANT: Patrick et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 10/687,478

FILED: October 16, 2003

FOR: PROCEDURE FOR ESTIMATING A PARAMETER OF A LOCAL MAXIMA OR MINIMA OF A FUNCTION

Please contact Theresa at (858) 651-0159 if all pages do not transmit.

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PTO/SB/21

U.S. Department of Commerce
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PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 020026
In Re Application of: Patrick et al.
Serial Number: 10/687,478
Filed: October 16, 2003
Examiner: Carol S.W. Tsai
Group Art Unit: 2857

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	31	55	0	x \$50 =	\$0
Independent**	4	4	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$0
EXTENSION FEES <input type="checkbox"/> One Month <input checked="" type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$120	\$0
				\$450	\$450
				\$1020	\$0
TERMINAL DISCLAIMER				\$130	\$0
				TOTAL FEE	\$450

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$450.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: February 14, 2006

Signature: 

James D. McFarland, Reg. No. 32,544
Phone No. (858) 651-8840

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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10/687,478

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In re Application of)

Examiner: Carol S.W. Tsai

FEB 14 2006

Patrick, et al.)

Group Art Unit: 2857

Application No.: 10/687,478)

Filed: October 16, 2003)

For: PROCEDURE FOR ESTIMATING A)
PARAMETER OF A LOCAL MAXIMA OR)
MINIMA OF A FUNCTION)RESPONSE TO OFFICE ACTION OF SEPTEMBER 14, 2005Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450Attention: Carol S.W. Tsai
Examiner

Dear Sir:

In response to the Office Action of September 14, 2005, please accept the attached declaration of Douglas N. Rowitch, and consider the Remarks which begin on page 2.

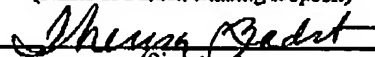
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02/15/2006 FHETEKI1 00000072 170026 10687478

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